



**Jersey Gambling Commission**

---

**GAMBLING (JERSEY) LAW 2012**

**RACE TRACK LICENCE**

*PART 2 (ARTICLE 11)*

**FORM OF APPLICATION FOR A RACE TRACK LICENCE**

---

Please complete in BLOCK CAPITALS and in black ink and then return this completed form to:

Jersey Gambling Commission, 4<sup>th</sup> Floor, Osprey House, 5-7 Old Street  
St. Helier, Jersey, JE2 3RG



Name of applicant:

Date of incorporation/establishment:  
*(if applicable)*

Address of registered office:

Correspondence address:  
*(if different)*

Full name and position of principal contact:

Address of principal contact:

Telephone number:

Mobile number

Email address:

Please complete in BLOCK CAPITALS and in black ink

Provision of Betting and Gaming by the applicant



Does the applicant intend to offer gambling facilities at events:

YES

NO

If the answer is YES, please describe below the types of gambling you intend to offer. Include raffles and lotteries.

Please complete in BLOCK CAPITALS and in black ink

If betting is facilitated by means of a totalisator the Commission requires the following information:



Is the equipment hired?

YES

NO

If yes, please give details of persons hiring out the equipment:

What are the terms for hiring this equipment? (e.g. fixed fee, profit-share, etc.)

Provide information on manufacturer and give detail of maintenance.

If the totalisator was purchased, provide detail of suppliers and maintenance agreement.

Please complete in BLOCK CAPITALS and in black ink

Provide detail on all staff employed to transact betting and gaming



Full Name:

Address:

Position/Job:

Date of Birth:

Place of Birth:

Nationality:

Country of Residence:

Telephone:

Full Name:

Address:

Position/Job:

Date of Birth:

Place of Birth:

Nationality:

Country of Residence:

Telephone:

Full Name:

Address:

Position/Job:

Date of Birth:

Place of Birth:

Nationality:

Country of Residence:

Telephone:

Please complete in BLOCK CAPITALS and in black ink



**Provision of betting and gaming at events by others.**

Does the applicant intend to allow the provision of on-course betting at its events?

YES

NO

On-course betting may only be conducted by persons holding a Class I or II Bookmakers licence. Please, provide details of the licensees the applicant intends to allow at the event:

Name	Address

Describe the arrangements by which applicant allows these licensees to pitch at the event. E.g. Flat fee per event.

What other Jersey Gambling Commission licensees does the applicant intend to allow?

Type	Name

Describe the arrangement by which the applicant allows these licensees to promote gambling at the event.



Please complete in BLOCK CAPITALS and in black ink



Persons Constituting the Applicant – Please provide details of all decision making members, describing their roles within the association or club.

Full Name:

Address:

Position/Job:

Date of Birth:

Place of Birth:

Nationality:

Country of Residence:

Telephone:

---

Full Name:

Address:

Position/Job:

Date of Birth:

Place of Birth:

Nationality:

Country of Residence:

Telephone:

---

Full Name:

Address:

Position/Job:

Date of Birth:

Place of Birth:

Nationality:

Country of Residence:

Telephone:





**Penalties and Civil Actions**

Has the applicant at any time in the previous 10 years had a receiver, administrative receiver or administrator appointed?

**YES**

**NO**

Has the applicant in the last 10 years failed to satisfy a debt adjudged due or a debt in respect of which a decree has been passed against it or entered into a scheme of arrangement or composition of its debts with its creditors?

**YES**

**NO**

Has the applicant at any time in the last 10 years been refused or had withdrawn any licence, recognition or authorisation?

**YES**

**NO**

Has the applicant at any time in the last 10 years ever been refused or had revoked any authorisation to carry on activities in Jersey?

**YES**

**NO**

Has the applicant ever been subject to any disciplinary measure by any regulatory body governing the rules of racing?

**YES**

**NO**

Have the applicant's affairs ever been investigated by any regulatory body in relation to any of its activities?

**YES**

**NO**

Has the applicant ever been the subject of formal investigation under the legislation of any country or jurisdiction?

**YES**

**NO**

**If you answered YES to any of the questions above, please provide a full explanation and enclose copies of all relevant formal documentation.**



## Declaration

I am fully authorised by the applicant to make this application on its behalf (please provide documentation to this effect e.g. board minute).

I declare that the information contained in this Application is true and accurate to the best of my knowledge and belief and that if any of the information contained in or appended to this application is discovered to be false I may be liable to prosecution.

The Jersey Gambling Commission is a data controller for purposes of the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. All information collected, used and disclosed by the Jersey Gambling Commission is for the purpose of exercising its functions as set out by and in accordance with these governing laws.

It is an offence under Article 34 of the Gambling (Jersey) Law 2012 to provide false or misleading information to the Jersey Gambling Commission. It is also an offence to withhold any information that the person knows or suspects would be used by the Jersey Gambling Commission for the purpose of exercising its functions under the Gambling (Jersey) Law 2012 and the Gambling Commission (Jersey) Law 2010.

Signature:

Name (*print*):

Date:

## Data Protection

The Commission requires data regarding applicants (including lead executives and beneficiaries, where necessary) for the purposes set out in the Gambling Commission (Jersey) Law 2010 and the Gambling (Jersey) Law 2012. As a competent authority listed in Schedule 1 of the Data Protection (Jersey) Law 2018, the Commission will primarily collect and process data and special category data necessary for the exercise of its public functions.

The Commission has produced a Privacy Policy for users and an Information Note. These are available on the website at the following link - <https://www.jgc.je/data-protection>. Please read them carefully.



## Notes to Applicants

The original completed application form and any attachments appended should be bound as a single document and, together with one unbound copy of the same, should be forwarded with the prescribed licence fee of £500 and amounts due to the Social Responsibility fund (see below) to:

Jersey Gambling Commission  
4<sup>th</sup> Floor, Osprey House  
5-7 Old Street  
St. Helier  
JE2 3RG

**NOTE: Please make cheques payable to the JERSEY GAMBLING COMMISSION or via bank transfer to HSBC 40-25-34 – 52474700.**

### Contributions to the Jersey Social Responsibility Fund

It is a mandatory Licence condition for all Licence holders to contribute to the Jersey Social Responsibility Fund. The contribution has been set to the following amount:

£50 per licence holder

**Please Note:** This contribution is an annual requirement. Failure to make this contribution is a breach of a Licence condition and is therefore subject to regulatory sanctions that, without remedy, could lead to both a fine and the revocation of the Licence.

The principal purpose of seeking the information required by this Application form is to provide core factual details, thereby enabling:

- Preliminary investigations in order to ascertain the full scope of its investigations; and
- Identify where further information will need to be requested and/or required.

Additional information may be sought by way of a meeting with an officer of the Jersey Gambling Commission and/or a visit to the premises for which approval will be sought.

If any details set out on this Application form change prior to the determination of this Application, you must notify the Jersey Gambling Commission in writing as soon as reasonably practicable.

- Wherever possibly, use BLOCK CAPITALS.
- All dates should be in the form of Day / Month / Year (DD / MM / YYYY).
- Answer every question, using N/A or NIL where applicable.
- Use additional sheets as necessary, cross-referencing against the relevant question the additional sheet(s) on which the answer is to be found.

Application processing will not commence until all initial requested documentation is received.

If you require any assistance or would like to discuss any part of the application form, please contact the Commission on +44 (01534) 828 540.

Please number, date and sign any additional attached pages to the application form.